



DEPARTMENT OF ENVIRONMENTAL QUALITY
OFFICE OF ENVIRONMENTAL COMPLIANCE
LICENSING & REGISTRATIONS SECTION
P.O.BOX 4312
BATON ROUGE, LA 70821-4312
TELEPHONE: (225) 219-3041 FAX: (225) 219-3154

RADIOACTIVE MATERIAL LICENSE TERMINATION OR LOCATION CLOSURE

Licensee Name and Address		License #	Agency Interest #
A. License Status (Check the appropriate box)			
1. Terminate this license.			
<input type="checkbox"/> No radioactive materials have ever been procured or possessed by the licensee under this license.			
<input type="checkbox"/> All activities authorized by this license have ceased, and all radioactive materials procured or possessed by the licensee under this license have been disposed of as described in Section B of this form.			
2. Remove locations off of this license, and keep the license active. Specify Locations:			
<input type="checkbox"/> No radioactive materials have ever been procured or possessed by the licensee at these locations.			
<input type="checkbox"/> All activities authorized by this license have ceased, and all radioactive materials procured or possessed by the licensee under this license have been disposed of as described in Section B of this form.			
B. Transfer of Radioactive Material (Check the appropriate boxes and complete as necessary. Provide attachments if needed)			
<input type="checkbox"/> Transfer of radioactive materials was to the licensee listed below:			
<input type="checkbox"/> Disposal of radioactive materials:			
<input type="checkbox"/> Directly by the licensee:			
<input type="checkbox"/> By licensed disposal site:			
<input type="checkbox"/> By waste contractor:			
C. Surveys and Leak Test			
<input type="checkbox"/> The licensee conducted a radiation survey. The survey confirms the absence of licensed radioactive material. A copy of the radiation survey results:			
<input type="checkbox"/> is attached			
<input type="checkbox"/> is not attached (provide explanation)			
<input type="checkbox"/> was forwarded to LADEQ on _____.			
<input type="checkbox"/> The results of the latest leak test(s) are attached.			
D. Contact Information			
Name	Title	Telephone No.	E-mail Address
Mail all future correspondence Regarding this license to:			
E. Certifying Official			
Printed Name and Title	Signature	Date	